U.S. Department of Labor Office of Labor Management Standards
Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved and Budget

Office of Management No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	u .
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1 File Number U 930	2 Fiscai Year Covered From
	01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Peter Lovanyi	-Name Binters AFL=C10 DC36
	Labor Organization File Number 030396
P O Box, Bldg Room No If any	PO Box, Building and Room Number if any
Street 1035 Cornish Drive	Street 297N, Mewengo Ave, Sto 120
City Encinitas :	City Pasadeug
State California ZIP Code + 4 97024	State Culifornia ZIP Code +4 91101
5 Position in labor organization Business Representative	
LOUSINES DEPTESENTATIVE	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
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